

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

“LANCET.”

A Journal of universal Medicine, Physiology, Surgery, Chemistry, Medical Literature, and Scientific News.

PUBLISHED MONTHLY.

SUBSCRIPTION, \$2 PER ANNUM IN ADVANCE.

VOL. 1.

JULY, 1888.

No. 12.

INDEX.

A case of coexisting extra and intra uterine pregnancy proceeding to full term, recovery..... 217

A case of oesophagotomy for an Impacted artificial Plate; recovery; remarks..... 227

Blood-letting, use of, in gynecological cases..... 219

Cancer of the Larynx..... 222

Extra uterine gestation..... 218

On the treatment of Carbuncle by Carbolic Spray..... 223

Ontario Medical Association..... 211

Our duty to ourselves..... 223

Paris..... 224

Noxious Salts of tin in fruits prepared in tin vessels..... 222

Medico-Chirurgical Society..... 229

Miscellaneous..... 229

Symptoms of chronic sewer air-poisoning..... 225

TO ADVERTISERS.

Banff Sanitarium..... 236

Joseph Parkinson, Manufacturing Chemist..... 235

Leading Hotels—Leland House; The Queens..... 216

“The Clarendon; Whelan House..... 234

M. Hughes & Co., Undertakers..... 234

Medical Publications..... Title Page

Martin, Toms & Co..... 214

Physician's Visiting List..... Title Page

Provincial Government Manitoba..... 236

Radiger and Co—Pure Wines and Spirits..... 235

Redwood Brewery—E. L. Drewry..... 233

Richard & Co., Wine Merchants..... 235

Security Mutual Benefit Society of N. Y..... 234

William Hine, Taxidermist..... 235

West & Co., Aerated waters..... 235

W. F. White—Buffalo Horns, etc..... 235

Winnipeg Drug Hall..... 235

Young & Co's Cider Works..... 235

With Many Improvements for 1888. Now Ready.—37th Year.

THE PHYSICIAN'S VISITING LIST.

(LINDSAY & BLAKISTON'S.)

CONTENTS.—Almanac for 1888 and 1889. Table of Signs to be used in keeping accounts. Marshall Hall's Ready Method in Asphyxia. Poisons and Antidotes. The Metric or French Decimal System of Weights and Measures. Dose Table, revised and rewritten for 1888, by Hobart Armore Hare, M. D., Demonstrator of Therapeutics, University of Pennsylvania. List of New Remedies for 1888, by the same author. Aids to Diagnosis and Complete Treatment of Diseases of the Eye. Dr. L. Webster Fox, Clinical Asst. Eye Dept. Jefferson Medical College Hospital, and G. M. Gould. Diagram showing Eruption of Milk Teeth. Dr. Louis Starr, Professor of Diseases of Children, University Hospital, Philadelphia. Posological Table. Meadows. Disinfectants and Disinfecting. Examination of Urine. Dr. J. Deland, based upon Tyson's "Practical Examination of Urine." 5th Edition. Incompatibility. Professor S. O. L. Potter. A New Complete Table for Calculating the Period of Uterine Gestation. Sylvester's Method for Artificial Respiration. Diagram of the Chest. Blank leaves, suitably ruled for visiting list; Monthly Memoranda; Addresses of Patients and others; Addresses of Nurses, their references, etc.; Accounts asked for; Memoranda of Wants; Obstetric and Vaccination Engagements; Record of Births and Deaths; Cash Account, etc.

COMPACT, STRONG, MOST CONVENIENT, DURABLE, LIGHT LOW IN PRICE.

REGULAR EDITION.		INTERLEAVED EDITION.	
For 25 Patients weekly	\$1 00	For 25 Patients weekly	\$1 25
50 " " "	1 25	50 " " "	1 50
75 " " "	1 50	50 " " " 2 Vols.	3 00
100 " " "	2 00	PERPETUAL EDITION.	
50 " " " 2 Vols.	2 00	Without date. Can be commenced at any time and used until full.	
Jan. to June—June to Dec.	2 50	For 1300 Names, interleaved \$1.25	
100 Patients, 2 Vols., Jan. to June—July to Dec.	3 00	3000	1.50

THIS VISITING LIST can be bought through any bookseller, or, upon receipt of the price, we will send it, post-paid, to any address. Send for complete Catalogue of Medical Books.

P. BLAKISTON, SON & CO.,

1012 Walnut St., PHILADELPHIA, PA.

TO ADVERTISERS!

For a check for \$20 we will print a ten-line advertisement in One Million issues of leading American Newspapers and complete the work within ten days. This is at the rate of only one-fifth of a cent a line, for 100 Circulation! The advertisement will appear in but a single issue of any paper, and consequently will be placed before One Million different newspaper purchasers; or FIVE MILLION READERS, if it is true, as is sometimes stated, that every newspaper is looked at by five persons on an average. Ten lines will accommodate about 75 words. Address with copy of Adv. and check, or send 20 cents for Book of 25 pages, GEO. P. ROWELL & CO., 10 SPRUCE ST., NEW YORK.

We have just issued a new edition of our Book called "Newspaper Advertising." It has 256 pages, and among its contents may be named the following Lists and Catalogues of Newspapers:—

DAILY NEWSPAPERS IN NEW YORK CITY, with their Advertising Rates.

DAILY NEWSPAPERS IN CITIES HAVING more than 150,000 population, omitting all but the best.

DAILY NEWSPAPERS IN CITIES HAVING more than 20,000 population, omitting all but the best.

A SMALL LIST OF NEWSPAPERS in which to advertise every section of the country; being a choice selection made up with great care, guided by long experience.

ONE NEWSPAPER IN A STATE. The best one for an advertiser to use if he will use but one.

BARGAINS IN ADVERTISING IN DAILY Newspapers in many principal cities and towns, a List which offers peculiar inducements to some advertisers.

LARGEST CIRCULATIONS. A complete list of all American papers issuing regularly more than 25,000 copies.

THE BEST LIST OF LOCAL NEWSPAPERS, covering every town of over 5,000 population and every important country seat.

SELECT LIST OF LOCAL NEWSPAPERS, in which advertisements are inserted at half price.

5,472 VILLAGE NEWSPAPERS, in which advertisements are inserted for \$2.15 a line and appear in the whole lot—one-half of all the American Weeklies Book sent to any address for THIRTY CENTS



MARTIN, TOMS & CO.,

MANUFACTURERS AND IMPORTERS OF

Surgical Instruments ••• + + + + + and Dressings,

GELATINE AND SUGAR-COATED PILLS,

PLASTERS & PHARMACEUTICAL SPECIALTIES,

Suppositories and Bougies—by Cold Compression—Our New Process

TRUSSES,

SUPPORTERS, SUSPENSORIES, PESSARIES,

Martin's Para Rubber Bandages,

SILK ELASTIC HOSIERY, SYRINGES, ATOMIZERS,

Proprietors of Tucker's Spring Pad Truss.

Licensees for Canada

—FOR—

WM. TEUFELL'S Stuttgart
Ger. **Abdominal Supports & Flannel Belts,**

and I. B. SEELEY & CO'S Hard Rubber Trusses and Specialties.

The Correct mechanical Treatment of Difficult Hernia a specialty

APARTMENTS FOR LADIES AND CHILDREN.

ESTABLISHMENT: CORNER QUEEN & SIMCOE STREETS,

TORONTO, ONT.

PAGE

MISSING

MANITOBA,
Northwest and British Columbia
Lancet.

*A Monthly Journal of Medicine,
 Surgery, Chemistry and
 Scientific News.*

WINNIPEG, JULY, 1888.

**A CASE OF COEXISTING EXTRA
 AND INTRA UTERINE PREG-
 NANCY PROCEEDING
 TO FULL TERM,
 RECOVERY.**

A lady, aged 38, the mother of five children, miscarried in August and became again pregnant in the following October. From the time of conception she felt unusually uncomfortable and frequently remarked: "She was sure something was wrong." Her bowels were very constipated. While dressing on the morning of the 3rd of April, following, she was seized with a violent pain in the abdomen which she characterized as cramp. Aperients by the mouth with enemata were administered by her medical attendant, and acted freely, evacuating a large quantity of scybalus matter. Great tenderness was felt over the whole abdomen and the patient was unable to lie on either side, particularly the left. She suffered from excessive vomiting and flatulence, the bowels never acting except under the influence of purgatives. The abdomen continued to increase until it attained an enormous size. The stomach retaining little else than small quantities of brandy and water, and persistent insomonia except under large doses of morphia, was a feature in the case. On September the 4th, after five hours of ordinary labor pains, a full grown female infant was born. The abdomen appearing still much enlarged, the gentleman in attendance suspected a twin case, but after remaining

for some hours, and having made repeated careful examinations, he pronounced the enlargement to be caused by an ovarian tumor. I received a telegram requesting my presence. I found the lady in a very happy frame of mind and quite free from pain. On examination, externally I found a large, hard swelling to the left of the umbilicus, and and after long and careful search, I detected what I considered to be a distinct tick of the fetal heart, as well as the movements of a fetus. I communicated my opinion to the gentleman in attendance, but he was not equally fortunate in finding these positive signs and adhered to his original diagnosis. The outline of the uterus was distinctly traceable on the right side, but not so satisfactorily on the left. I thought it possible we might here have a similar case to that related by Madam Bovin, and recommended the administration of ergot. The action of this drug I carefully watched and found that though acting powerfully on the uterus the tumour or swelling was uninfluenced by it, and sometime after what I believed to be fetal movements, ceased. On a further vaginal examination I found the womb had ascended and contracted to normal size and I then formed the opinion that the case was one of coexisting intra and extra-uterine pregnancy. The patient made a good recovery, there was but slight vaginal discharge and no secretion of milk. A leading obstetric practitioner was called in consultation by this lady's ordinary medical attendant and agreed with him as to the case being one of ovarian tumour. I was asked to reconsider my diagnosis, but notwithstanding the high authority opposed to me, I was unable to discredit the evidence of two of my senses acutely employed, and adhered to my opinion. For three months her general health steadily improved, at the latter end of January, she was obliged to call in medical aid, being then in the Isle of Wight, where her husband's regiment was quartered. In February severe hectic set in with distressing diarrhoea and profuse perspirations, pulse ranging from 120° to 160°. On Feb. 14, fluctuation was detected in the iliac region. Believing the ovarian diagnosis

and with the concurrence of the three practitioners then in attendance, a trocar was plunged into the tumour; no fluid followed the puncture and on withdrawal, the canula was seen to be blocked by fecal matter. I was informed by my friend, Dr. Dabbs, who had charge of the case, that this proceeding, which at the time he regarded as almost a fatal error, exercised a markedly beneficial effect, probably by allowing the escape of gas. The hectic almost entirely subsiding with an abatement of all other urgent symptoms. Troublesome tenesmus, however, soon occurred and on the 10th of March, I received an urgent telegram. On consultation with the medical men in attendance, I found that they had abandoned the idea of the swelling being an ovarian tumour and from the fecal matter on the trocar, inclined to the belief that it was caused by an accumulation of feces. Having searched vainly for any precedent to this case, I, for the first time, weakened on my diagnosis, and thinking the tenesmus might be caused by rectal accumulation, I introduced my finger, but the examination caused such intense agony, I had to desist without being able to arrive at any conclusion. Not being able to obtain a speculum, and being compelled to return to town that evening, I undertook to forward one and induced our patient to submit to its being used. On the following day I was again sent for. I found that on attempting to introduce the speculum a shred was seen to be hanging from the vagina. On examining this closely, I found just inside the orifice of the vagina the point of a foetal parietal bone. Feeling sure that the case would terminate fatally within twenty-four hours unless immediate relief were afforded, I determined, at all hazards, to extract the offending mass. The patient being anaesthetised, I carefully introduced a large speculum into the vagina dilating the instrument, I brought away a parietal bone, and a little higher up met with other portions of the skull, which were readily extracted, keeping the sharp edges in contact with the blades of the instrument. To the left of the cervix I observed a mass presenting, and laying hold of it with a long bullet forceps, the clavicles

and scapulae came away, then getting a firm hold of the sternum I gradually brought forth the trunk and limbs of a full grown child, much decomposed and saturated in feces. The vagina was well syringed and other antiseptic precautions taken. The patient made a good rally and I left her the following day comparatively comfortable. A large rent was observable to the right of the cervix and for some days all fecal matter passed per vaginam, but this gradually contracted, eventually closing, and in a few months this lady was in the enjoyment of her usual health.

I have been unable to find a similar case to this on record, and as an example of what nature can endure and accomplish it may not be without its moral at the present time. This case occurred over twenty years ago, and I may add the lady is still alive and in the enjoyment of good health.

[NOTE.—The above case in the practice of the editor of this journal was recorded in the London *Lancet*, some years since.]

EXTRA-UTERINE GESTATION.

A. S. GUBB, M. D., IN LONDON MED. RECORDER.

If one were guided by what is to be found in the text-books of gynaecology, it would be supposed that the difficulty of dealing with the condition of ectopic pregnancy lay rather in the treatment than in the diagnosis, the latter being based apparently on the recognition of certain quasi-pathognomonic signs and symptoms. It will be a shock to practitioners who have not already had the fact brought home to them by inglorious experience that, as a matter of fact, the diagnosis of an uninfamed and non-ruptured extra-uterine foetation during the early months is difficult and even impracticable. Symptoms of a kind to excite suspicion are often entirely wanting, and, if present, are likely to be attributed to other and far commoner pelvic diseases. Mr. Tait, stated the other day that in all his experience he had only seen one such case prior to rupture, and then he had singularly failed to arrive at a correct diagnosis,

Of course gynæcologists do, now and again, make a correct guess—for it is little more—and find their forecasts justified by the results of operative interference, but, short of the foetal heart, it seems pretty certain that no means are available for detecting the existence of extra-uterine pregnancy with assurance.

We will, however, assume for the moment that, though difficult, the diagnosis is practicable, and that brings us to the question of treatment. As treatment has for its object to prevent the otherwise inevitable rupture of the sac, it may be well, in the first instance, to inquire into the circumstances which determine this disastrous occurrence. Now we have it on the authority of several eminent gynæcologists that when operative interference is rendered necessary by rupture of the sac before the fourth or fifth month, the foetus is generally macerated, and it is therefore inferred that the death of the foetus preceded the rupture. When in the course of a normal pregnancy the foetus dies, expulsive efforts, as a rule, soon follow, and, assuming an analogous condition of things to apply to the Fallopian tubes, the muscular coats of which undergo considerable development when they contain a foetus, it is not unreasonable to suppose that the death of the foetus in ectopic pregnancy is, in many cases, the proximate cause of the rupture. Expulsive efforts are made, and as the contents of the tube cannot pass into the uterus, the coats yield, and rupture takes place. This, has an extremely important bearing, for (if the inference be correct) the treatment usually advocated of arresting the growth of the foetus by killing it is about as wrong as it could be. Further, it is by no means certain that by killing the foetus we arrest the growth of the placenta, which may go on growing, and has done so in a certain number of cases, as the specimens show.

The recently introduced method of destroying the foetus by the passage of an electric current is then open to a variety of criticisms. Its advocates claim to have been successful, in upwards of twenty cases, in arresting growth and averting serious consequences. They urge that objections based upon the probable result

of killing the foetus, and the continued and unhindered growth of the placenta, are idle, inasmuch as no such complications have ever caused them to regret their interference. Here, however, the question of diagnosis comes in, and they are told that their immunity from any of these sequelæ has been due simply to the fact that no reliable evidence is forthcoming of the cases having been really cases of extra-uterine foetation, and, as we have already observed, since no evidence short of the foetal heart-sounds can be accepted as conclusive, the success of the treatment remains open to question.

What, then, is the proper and rational treatment of these cases in the eyes of those who condemn early intervention on both diagnostic and technical grounds? Mr. Tait says that the life of the child is an element which ought to command attention. As you are unable to diagnose the condition in its initial stage, he says, let it alone until you can—that is, until the foetal heart places your diagnosis beyond question. But then more than ever the murder of the child would be inadmissible, for its death would in all probability subject the mother to an additional danger, and one life would be destroyed without any corresponding benefit for the other. Once the foetal heart-sounds have been detected, then the best course is to leave matters severely alone, enjoining only on the patient certain precautions as to the avoidance of exertion, etc. Should rupture occur, or at any moment that may be deemed most conducive to the interests of both mother and child, laparotomy may be performed and the lives of both, in the majority of cases, preserved. The logic of these arguments is irrefragable, but inasmuch as sundry of the premises are, after all, matters of conjecture, it would be becoming to show some reserve before accepting the conclusions.

BLOOD-LETTING, USE OF, IN GYNÆCOLOGICAL CASES.

BEDFORD FENWICK, M. D., GYN. JOUR.

Sixty years ago Dr. Marshall Hall

wrote: "It would be difficult to determine whether great injury has arisen in the practice of physic from undue or from inefficient bleeding. To neglect the full use of this most important of our remedies when it is required, or to institute it when it is not so, is equally to endanger the safety of the patient." How essentially and widely different our theory and our practice is to-day need hardly be insisted on. A distinguished practitioner once told me that he had never drawn an ounce of blood nor even seen a cupping-glass in all his life. A teacher will name a dozen drugs as useful in uterine disease, but in all his course will never once suggest a single leech. In fact we seem to shrink from the lancet as if it were an assassin's dagger. But the more I see of the incalculable benefits of blood-letting, the more I am convinced that the whole question of its employment in the treatment of disease has yet to, and must soon, be settled on a scientific basis. I desire now to produce evidence that in some gynaecological cases we have in local bleeding a most important and a most powerful remedy. In the last few years I have employed the treatment in more than a thousand cases.

The local abstraction of blood in gynaecological cases can be attained either by leeches or by scarification—i. e., free puncturing of the cervix uteri—or by cupping. The first, and of course the last, method I have chiefly used for external application on the abdomen or round the anus, where the creature can be easily applied and easily controlled. But as I know that many practitioners leech the cervix, I would state what I believe to be valid objections to that procedure. Leeches are, in the first place, somewhat awkward to use and difficult to apply to the cervix successfully; secondly, they individually draw very little blood; thirdly, they leave a wound which in some individuals heals badly; and finally, they are endued with a spirit of intense curiosity, and this leads them to explore the interior of the uterus, the Fallopian tube, and even the abdominal cavity, if an opportunity be afforded them. I have heard of a case in which sudden collapse due to hæmatocele, followed by severe pelvic

cellulitis, ensued on the disappearance of a leech from a cervix which it had been, the operator thought, contentedly chewing. The patient happily recovered after many months of illness—under the care of another practitioner, it may be noted. What became of the leech the historian was therefore unable to say. But scarification of the cervix, carefully performed, is a perfectly safe and perfectly simple operation. The patient is laid on her left side, with her hips quite out to the edge of the couch, and the knees well drawn upwards. A speculum, of as large a size as the vagina will permit, is passed, and the cervix brought fully into view and cleaned with a mop of cotton wool. The best form of scarifier is a sharp-edged, lance-shaped knife mounted on a long handle. The operator, sitting or kneeling with his head on a level with the speculum, steadies this with his left hand, while his right, holding the knife pen-fashion, passes the blade up the passage and punctures the cervix at as many points as he thinks necessary, to a depth of about an eighth to a sixth of an inch each. A small basin is now held under the mouth of the speculum to catch the blood, and its flow is assisted by the injection of warm water. As the cervix becomes blanched the bleeding lessens and finally ceases. An injection of hot water is then given to wash away the clots, and a large plug of cotton wool, which has been well soaked in glycerine, and round the middle of which a long piece of twine is tied, is packed round the cervix and the speculum withdrawn, leaving the end of the string outside to enable the patient to withdraw the plug in twelve or fourteen hours' time. There are several practical points to be well remembered in the procedure, which I would especially insist on, as each has been impressed upon my mind by experiences which I need not relate in detail. When there has been long-standing congestion the mucous membrane and its subjacent tissue are almost always hardened and thickened in consequence, and the punctures therefore have to be made more deeply and more freely than usual to make blood flow. Next the knife-edge should be very sharp; if not, the pressure necessarily used may send the knife much deeper than wished, and

the wounding of the deep vessels produces profuse bleeding. Again it is always well to warn the patient not to move, and what is going to be done, otherwise a sudden frightened jerk on her part may drive the blade even up to its hilt. The punctures should be confined strictly to the cervix, and in every case that part should be well in view and well cleaned before the knife is applied. If the speculum slips, or in any way the vaginal wall be punctured, as I have known happen to inexperienced or careless operators, furious and even dangerous hæmorrhage may be caused. I have never known punctures made in the way I have described—merely through the cervix—cause bleeding which could not be stayed by a minute's firm pressure of a wool mop; and it is most important that in every case all bleeding should be quite stopped before the patient rises from the couch. The advantages of the plug are great; the glycerine maintains of course a drain of serum from the punctures, and so continues and increases the depletory action, and the cotton wool acts also mechanically as a direct support to the vagina and uterus. The conclusions I would draw in brief are these: First. That where the cervix uteri is deeply congested, deep red, bluish, or purple in color, local depletion by scarification generally gives immediate relief. Second. That where this congestion is caused and kept up by flexion of the uterus obstructing the return of the venous blood from the cervix, and causing chronic enlargement of the uterine veins generally, local depletion allows a pessary to be inserted with safety and comfort to replace the organ, which almost certainly could not otherwise be tolerated. Third. That in every case, of course, the possibility of the patient being pregnant would be investigated before scarification were attempted. Fourth. In cases of subacute ovaritis or obscure throbbing pain in the pelvis cupping or leeching externally frequently relieves the patient immediately. Fifth. In cases of vaginismus from inflamed hæmorrhoids or other rectal congestive conditions leeches round the anus give rapid relief or cure. Sixth. That scarification is the simplest and safest method of abstracting blood from the cervix, with the precautions I

have enumerated, leeches or cupping being kept for external use only.

ONTARIO MEDICAL ASSOCIATION

Dr. Temple, of Toronto, read a paper on the use of pessaries.

Formerly he was in the habit of using them very extensively, but recently he found that many of the cases in which he once used them could be more advantageously treated without them. There is reason to fear that in the hands of the general practitioner the pessary is sometimes used injudiciously, to the exclusion of other measures. The use of the pessary calls for a very careful consideration of the general state of health of the patient, as well as of the condition of the pelvic organs. The natural movable state of the uterus must be remembered, and the tendency towards its downward displacement by the dragging of clothing suspended from the waist. A healthy uterus should not be felt by the person at all; but when it becomes fixed by adhesions, or pressed upon by an ill-fitting pessary, or when it becomes displaced, the nerves of the part are stretched or pressed upon, causing neuralgias, derangement of menses and bladder affections. Hence pessaries are only useful as aids in selected cases. Of the many varieties of pessaries none is more generally useful than Hodge's. The use of the intra-uterine stem pessary requires more care and watchfulness. Before inserting a pessary, careful examination of the pelvis should be made to see if there is any inflammation present; perineum should be examined for lacerations, the size of the os in length and breadth must be noted, and a pessary of the appropriate size and shape selected. The uterus must be placed in the proper position before the instrument is adjusted. If pain is caused the pessary must be removed by the patient at once, by means of a string attached for that purpose. As a rule, a pessary should not be worn for more than eight or ten weeks. If the uterus is bound down by adhesions do not put in a pessary at once, but use tampons for a time until the adhesions yield. Sheep's wool is infinitely better than a pessary in some cases, espe

pecially in virgins. Above all, the general health of the patient must be attended to.

CANCER OF THE LARYNX.

At the meeting of the Societe Francaise d'Otologie et de Laryngologie on April 26th Dr. J. Charazac, of Toulouse, related a case of cancer of the larynx and made some remarks on the treatment of that disease. The patient, a healthy, managed 60, had for years been subject to frequent attacks of hoarseness, and he had besides been an immoderate smoker. He had never had syphilis, but it may be worth mentioning that his wife had died some years before of cancer of the breast. For eighteen months before he came under the notice of Dr. Charazac he had suffered from persistent aphonia. On October 1st, 1887, the epiglottis and the left side of the larynx showed the ordinary signs of chronic laryngitis; on the right side there was a deep ulcer with greyish base occupying the centre of a swelling which involved the ventricular band and reduced the glottis to half its natural size. Dr. Charazac diagnosed the affection to be malignant, and proposed laryngectomy, which was declined. On February 10th tracheotomy became necessary, and the disease has since made steady progress. The most troublesome symptom at the date of the report was the passage of food into the larynx; this was found to be due to the fact that the tumour, as it increased in size, pushed up the epiglottis so as to interfere with its action in swallowing. In discussing the treatment Dr. Charazac compared the results of simple tracheotomy with those of extirpation of the larynx for cancer. Statistics showed that the former increased the average duration of life by six or eight months, while after laryngectomy two-thirds of the patients died either from the immediate effects of the operation or from rapid recurrence of the disease. This discouraging result is, however, in Dr. Charazac's opinion, due rather to the want of proper selection of cases than to any inherent fatality in the operation. He thinks that as a rule it should not be performed in patients over 70, and he looks upon it as absolutely

contra-indicated in all cases in which the glands are affected or the general health impaired. It should never be done unless the disease is strictly limited to the interior of the larynx, but in suitable cases early operation is imperative. If these rules are adhered to, Dr. Charazac believes that laryngectomy will prove much more successful in the future than it has been up to the present time.

NOXIOUS SALTS OF TIN IN FRUITS PREPARED IN TIN VESSELS.

By Leonard W. Sedgwick, M. E.

The harmlessness of the salts of tin other than the chlorides is generally taken for granted, but the following fact appears to show that the assumption is incorrect.

In October, 1886, I saw nine persons in one well managed, healthy household simultaneously suffering from watery diarrhoea, sickness, and great pain in the abdomen. A close investigation served to show that, excluding the water they drink (which was pure) and the air they breathed (which was free from drain contamination), there was one thing, and one thing only, they had done in common, and that was the eating of pears stewed in a newly tinned copper pan. It came out, too, that many of them had suffered from two or three similar attacks on previous days, and that these attacks had all occurred on days when they had eaten stewed pears. I therefore obtained some pears so cooked, and, on testing the juice, found it laden with tin salts, but containing no copper. That diarrhoea gave way in a short time to simple remedies, that the drainage and water supply of the house were perfect, that the eating of stewed pears preceded on the same day each attack of illness, and that pears similarly stewed were found to contain large quantities of tin salt, were to my mind conclusive, if circumstantial, evidence that the attacks of diarrhoea were caused by the tin salts. And then occurred the thought that, if the cooking of a somewhat acid fruit for a short time in a tinned vessel effected the formation of a poisonous salt of tin, the keeping of an

acid fruit for months in a tin can must have a like result. I therefore tested the contents of cans of apricots, pine-apples, peaches and tomatoes, and in every instance found a large amount of a salt of tin. In this I was confirmed by my friend Mr. Hugh Power, who also in one specimen detected a salt of zinc. Since then I have seen severe instances where painful diarrhoea followed the eating of a tinned fruit, especially in one case, where tinned pine-apple was eaten by several persons, who all suffered in like manner. And so I am compelled to believe that many cases of casual and unexplained nausea and diarrhoea are caused by the use of tinned fruit. Indeed, since the occurrence of the case in 1886, I have lost no opportunity of relating these things to my personal acquaintances, and of advocating the use of bottled fruits only.

ON THE TREATMENT OF CARBUNCLE BY CARBOLISED SPRAY.

By H. Blanc, M. D., F. R. P. C.

Prof. Verneuil, at the meeting of the Academy of Medicine of Paris, made an interesting communication on the treatment of carbuncle by carbolised spray. He stated that in 1883, in a severe case of carbuncle, he directed that carbolised spray be frequently applied in order to thoroughly disinfect the parts previously to an operation being performed. To his surprise, he found that under the use of the carbolised spray such improvement had declared itself that surgical interference became unnecessary. Henceforth he exclusively resorted to the carbolised spray in all cases of carbuncle. Whether they were large or small, painful or indolent, complicated or not with diabetes, previously opened by surgery, by sloughing, or with the skin as yet unbroken, in every case the same local treatment was applied, and always with a successful result.

Prof. Verneuil prefers the steam spray. The larger the carbuncle and the more perfect the skin, the more powerful the apparatus does he select. He places the apparatus a short distance (about ten in-

ches) from the diseased parts, regulating the intensity of the spray according to the feeling of the patient. Usually he allows the spray to reach the parts unprotected; occasionally, however, he covers them with a layer of muslin. He employs a 2 per cent. solution of carbolic acid, and supplies the spray three or four times daily, for about twenty minutes each time. Between the sittings he dresses the carbuncle with lint soaked in carbolic acid solution of the same strength. He is careful to protect the parts around the carbuncle from the action of the spray.

Shortly after reading an account of Prof. Verneuil's treatment a severe case of carbuncle was admitted under my care into the Protestant Hospital of Cannes, and as the patient was in a very bad condition of health, I felt disinclined to submit him to any surgical procedure, and thought I could not do better than follow the treatment so strongly recommended by such a high authority in surgery as Professor Verneuil. The result obtained was in every respect most satisfactory.

A. B—, An American, aged fifty-four, but looking older, was admitted into the Protestant Hospital at Cannes (Asile Evangelique) on February 22nd last, suffering from a large carbuncle involving the whole of the nape of the neck, extending from the sixth cervical vertebra to the occipital protuberance and from one mastoid process to the other. The disease was of eleven days' duration. Beyond poulticing no other treatment had been applied. The whole of the nape of the neck was swollen, hard, and of a dusky livid colour. A few superficial sloughs, through which some sanious pus discharged, had formed in two or three places, but not in the centre of the mass. The pain was intense, totally preventing sleep. The patient was greatly exhausted, very weak, and depressed; there was complete anorexia; the pulse was 120, feeble and compressible; the skin clammy; the temperature on admission 102.30°; the urine scanty, but containing neither albumen or sugar. Our small hospital possessing no steam spray, I used a large hand spray instead, previously warming the carbolic acid solution; in other respects the treatment as laid down by Prof. Ver-

neuil, was strictly carried out. After the first twenty-four hours the pain lessened and there was an evident arrest in the progress of the disease. On the third day of the treatment a decided improvement set in; the temperature fell to normal; the central portion of the carbuncle—a very oblong central—was softer; the hard brawny circumference was less inflated, and the parts altogether looked more healthy. The parts were still very tender on the slightest pressure, but the pain had mostly disappeared. Laudable pus issued through the largest of the spontaneous openings, and the sloughing process was elsewhere arrested. The further notes of the case are as follows:—March 6th (fourteenth day of treatment): The carbuncle is greatly reduced in size; the surrounding infiltration has disappeared. Some cellular slough was removed through the openings. The general condition is greatly improved, the carbolic acid treatment omitted, and the parts dressed with boracic acid ointment silicylated cotton wool.—12th: A large cellular slough some five inches in length was removed through the only opening remaining.—21st: The patient takes his meals at the convalescents' table, and walks in the garden when the weather is fine. Some slight discharge through the opening.—29th: A small granular ulcer occupies the sight of the spontaneous opening; the parts have otherwise returned to their normal condition. The patient is now quite well, and has gained much in flesh and in strength lately.

PARIS.

"L'HOMME SANS LARYNX."

"L'Homme Sans Larynx," whose case was reported in *The Lancet* of April 28th last, died two days ago, under the following circumstances. Whenever it was necessary to clean out the cannula that was introduced into his throat the man was ordered to go to the St. Louis Hospital, where the tracheotomy had been performed. Here the "internes" were in the habit of removing the cannula, cleaning it, and replacing it. A few days ago the man undertook to do this himself,

when symptoms of asphyxia and other complications set in, and he expired in a short time.

ARSENIC POISONING.

Dr. Brouardel, Professor of Medical Jurisprudence at the Paris Faculty of Medicine, was lately consulted by the Tribunal Court on the question as to whether an infant of twelve months could have been poisoned by the milk of its mother in the case where the latter had absorbed arsenic. The following are the circumstances which caused this inquiry. A man, having been accused of forgery with the intention of appropriating to himself the fortune of his wife and that of his mother-in-law, was at the same time suspected of trying to poison his wife, and having thus caused the death of his child, which the mother was suckling at that time. The child died with symptoms of cholera a few days after the mother had herself presented analogous symptoms, such as diarrhoea, vomiting, etc. As it was during the hot season, these accidents did not excite attention. It was only after the second cholera attack, which occurred in November last, at the same time in the mother and grandmother of the child, that the husband was suspected. On the other hand, the wife declared that she had found in her husband's pocket a white powder, which was nothing else than arsenious acid. To resolve the question, Dr. Brouardel caused the coffin containing the body of the child, which had been buried six months, to be brought to Paris. This body was completely transformed into cadaveric fat, and it was impossible to isolate the viscera from the other parts, so that it was submitted to analysis in its entirety. It weighed about two and a half kilogrammes, and contained five milligrammes of arsenic, which did not proceed from the linen enveloping the corpse, or from the earth surrounding the coffin. It was necessary, in the second place, to know whether arsenic was eliminated by the milk. M. Gabriel Pouchet, an eminent biologist, had performed certain experiments in this direction, which were very conclusive. He caused a certain number of wet nurses, who were patients at the St. Louis Hospital, who were affected with skin diseases, to take

a certain quantity of Fowler's solution (from two to twelve drops per day), and he was able to ascertain that under these conditions the milk of these nurses always contained a relatively considerable quantity of arsenic; thus the milk of one nurse who took in six days eight milligrammes of arsenic contained one milligramme of that substance to 100 grammes of milk. It must be added that with these doses the nurses and their infants did not appear to be affected by any accidents. But this does not prove that this would have been the case if the arsenic had been given at once in a single dose. In order to clear up this last point, recourse was had to experiments on female animals. This last series of experiments did not give conclusive results, because the animals presented a very variable susceptibility to arsenic, and the experimenter found it impossible to come to any conclusion concerning these experiments as compared with those performed on human beings. It is, however, evident, from these researches, that the lactic secretion is a means of elimination by predilection for arsenic, and that it is prudent not to administer this agent to suckling mothers. In the particular case under notice, in responding to the Judge d'Instruction, Dr. Brouardel stated that the body of the infant contained a sufficient quantity of arsenic to cause the death of a child of one year, and that this arsenic may possibly have had for vehicle the milk of the mother. This qualified conclusion did not seem to affect the defence or the accusation, and the husband was condemned to twenty years' hard labour.

SYMPTOMS OF CHRONIC SEWER AIR-POISONING.

BY E. BARTLEY, M. D.

Professor of Chemistry, Brooklyn.

The symptoms of sewer-air poisoning are usually insidious in their development, and by no means always constant. I am disposed to believe that the effects may even remain unnoticed for months, as long as the sewer is not infected with harmful germs, and may develop with

certainty whenever such infection does occur.

In adults the symptoms, when no specific disease-germs are at work, are malaise, headache, loss of appetite, with even dyspeptic symptoms, drowsiness, and slight feverishness. There is a marked tendency to *amæmia generalis* debility. These symptoms are frequently grouped under the name of "malaria." In children, to these symptoms may be added a smooth or glazed, broad, flabby tongue, with a marked tendency to digestive trouble, as vomiting diarrhoea, dysentery, and attacks of gastric catarrh and catarrhal tonsillitis.

The tendency of sewer-air poisoning, then, is to derange the organs of primary assimilation, rather than the lungs; as, for example, gastric catarrh, duodenitis, hepatitis, splenitis, diarrhoea, enteritis, and colitis. Besides these effects, the debilitating influences of the polluted air render the persons so effected an easy prey to any intercurrent malady.

In times of epidemic diseases these are apt to assume a severe or malignant type. There is less tendency to periodicity, and more variability in sewer-air poisoning than in marsh-miasm. The effects seem to depend largely upon the bodily vigor and activity, at the time of exposure, and are therefore greater in night exposure than during active working hours. Hence workmen engaged in ventilated sewers and vaults seldom suffer any particular harm. Numerous inquiries upon this subject have been made, and, although there has been some difference of opinion, the weight of evidence would seem to indicate that sewer-workmen suffer no more from disease than do other men, aside from a few accidental cases of asphyxia. Those who suffer most from sewer-gas poisoning, or sewer-malaria, are women and children who spend most of their time in the house, especially in poorly ventilated apartments. As might be expected, an exposure to sewer-air during sleep is more dangerous than during waking hours, and during a period of active exercise.

While we admit the injurious nature of air contaminated with sewer-air, we must admit that we occasionally meet with cases where persons have lived in houses

for years, where traps were unknown, and have suffered from no apparent bad effects. These facts have led some sanitarians to deny the relation of sewer-air to any form of disease. It will not be claimed that the specific germs of disease are always present in any given sewer, especially if it is well ventilated, and if the sewage is constantly in motion. The air of a badly ventilated and stagnant sewer is always to be regarded as more dangerous than that of one where these conditions do not prevail. It has repeatedly been shown that the conditions under which the various microzymes grow, have a great influence upon their virulence in producing disease. It is quite possible that the ordinary putrefactive bacteria, when germinating in pent-up sewage, may be the cause of the catarrhal sore throats and diarrhoeas produced by sewer-air. The virulence of many of the microzymes of the specific diseases, when present in sewers, is increased by germination in closely confined and stagnant sewage. It will be admitted that these disease-germs are not always present in sewers, and under favorable conditions, such as rapid flow and free ventilation, would do no damage when they were present. The importance of securing these favorable conditions in sewers is therefore very apparent.

TREATMENT.—The treatment of chronic sewer-gas poisoning is partially remedial and partially preventive. In the former, fresh air is of first importance. Pure outdoor air acts as a tonic, and, at the same time, a diluent and disinfectant of the sewer-air. As the tendency of sewer-air, aside from the specific disease-germs, is to produce a lowered vitality and *anæmia*, quinine, arsenic, salicin, iron, and the mineral acids are indicated. A change of location is often of the greatest benefit. It should be remembered that the effects of sewer-air are frequently seen only in their aggravation of other maladies. Thus, a simple sore throat may, under its influence, assume a very serious and aggravated form. A simple gastrointestinal catarrh, in children exposed to sewer-air, is often found to be most intractable, until a change of location is secured. The author has seen cases of summer diarrhoea very greatly benefited,

and even cured, by a removal for the distance of a few blocks in the city. The effects of a removal to the country are too well known to demand discussion. Many of the cases of infantile cholera are undoubtedly due to the combined effects of a polluted air and high temperature. Fresh air is curative in a large number of these cases.

The effect is the same whether the fermenting sewage is contained in sewers or has soaked into the ground about the house. Both may pollute the air with the same gasses, and produce like effects. When furnace-fires are used in the house, the gases from a sewage-soaked soil may be drawn into the cellar and thence into the rooms above, giving rise to all the injurious effects of sewer-air.

The prevention of sewer-air poisoning is of more importance than is its treatment. The principal requisites for a system of sewers are, free ventilation of all drain or waste-pipes, and sufficient grade or inclination in outlet-pipes to secure a somewhat rapid current of the sewage. To secure thorough ventilation of the pipes in the house, it is now customary and proper to carry a ventilating pipe, from the sewer side of all traps, to a larger pipe leading to and above the roof of the house; also, to carry a pipe from the house side of the trap, between the house and street-main, to the open air. This last pipe allows the air to enter the house-system, whence it finds its way, in a constant current, through the pipes and out of the ventilating pipe above the roof. By this arrangement there can be no stagnant air in the pipes of the house, and they are constantly purified by a current of outdoor air. When this is secured, and there is no leakage in the pipes, we need fear no trouble from sewer-air.

DETECTION OF SEWER-AIR.—The detection of sewer-air is not always an easy matter. The chemical tests depend upon the detection of sulphuretted hydrogen (H_2S) or ammonium sulphhydrate. If a piece of filter-paper be dipped in a solution of lead acetate, and be exposed to an atmosphere containing either of these substances, it turns dark brown, and finally black. A paper dipped in a solution of nitro-prusside of sodium assumes a crim-

son, and turmeric paper a brown color with ammonium sulphhydrate. White-lead paint is darkened by both the above compounds, while zinc white is not changed in color.

The peculiar odor of H_2S may be easily detected, when the proportion reaches 1 part in 10,000 of air. On closing a room tightly for some hours, and then going into it from the open air, a musty or oppressive odor is detected when sewer-air emanations from decomposing animal matters have found their way into it. If any circumstance should lead to the suspicion that sewer-gas is entering a room or house, it would be best to test the drain-pipes by the "smoke test" or the "oil-of-peppermint test."

A suspected joint in a sewer or drain-pipe may be tested by wrapping it with a single layer of white muslin moistened with a solution of acetate of lead. As the gas escapes through the meshes of the cloth, it will be blackened by the sulphur-compounds.

As above stated, all these tests may fail in certain cases, when the amount of sewer-air is small in comparison with the air with which it is mixed. It is therefore to be recommended that the plumbing of houses be examined by an expert at least once a year.

A CASE OF OESOPHAGOTOMY FOR AN IMPACTED ARTIFICIAL PLATE; RECOVERY; REMARKS.

Under the care of Mr. H. H. Clutton, St. Thomas
Hospital.

The following case presents several points of interest, and is an example of an operation and the after-treatment required which, from its rarity, is seldom recorded. The shape and size of the plate made its detection with the œsophageal forceps difficult; it was probably flattened against the posterior wall whilst they from their curve passed in front of it. It will also be noticed that the length of incision required was unusually short.

A woman, aged 39, was admitted on April 28th, 1888, with the following history:—She was in the habit of wearing a vulcanite plate, which carried one central

incisor tooth, and was kept in position by two hooks. It had latterly been reduced in size by several small pieces having been broken off, and was consequently very easily displaced. Two days before her admission, whilst eating a hard crust of bread, she accidentally swallowed the artificial plate. She was unable to take any solid food afterwards, and could only swallow fluids, such as tea, with great difficulty and pain. On the advice of her neighbors she took castor-oil, but she did not consult a doctor before she came to the hospital two days after the accident. Mr. Bidwell, the house surgeon on duty, found on examination with forceps and coin-catcher, that the foreign body was fixed to the walls of the œsophagus opposite the cricoid cartilage, and that any attempts at drawing it towards the mouth caused such intense dyspnœa as to make it impossible to proceed, even if he had otherwise thought it safe to make any prolonged effort at extraction. The patient was therefore admitted into the hospital.

After the administration of an anæsthetic Mr. Clutton introduced a pair of œsophageal forceps in order that he might be quite sure of the exact position of the foreign body. Again and again the forceps passed beyond the artificial plate without giving any indication of its presence. This was easily explained afterwards by the small size of the artificial plate, but at the time it gave the impression to the operator that the foreign body had passed onwards down the œsophagus. By external manipulation there was an abnormal swelling to be felt opposite the cricoid cartilage, and after several further attempts the foreign body was eventually caught by the forceps, but it was so firmly fixed that it was obviously hopeless to attempt its extraction through the mouth. The operation of œsophagotomy was therefore commenced by an incision two inches in length opposite the cricoid cartilage on the left side of the neck. After drawing the sternomastoid and omo-hyoid muscles to the outer side, the carotid sheath came into view and was similarly displaced outwards by a retractor. The œsophagus was then seen at the bottom of the wound, and on introducing the finger one of the hooks belonging to the artificial plate

could be felt protruding through the œsophageal wall. After an incision had been made upon the foreign body, there was still some difficulty in extraction on account of the hooks. This was eventually overcome by turning the plate round and disentangling one hook at a time. The superficial incision was not enlarged, as the difficulty in extraction was not due to the size of the plate. The wound in the œsophagus was then carefully closed with three catgut sutures, and a drainage tube being placed in the lower angle of the wound, the superficial parts were brought together with silk, and an anti-septic dressing applied.

From April 20th to May 5th she was fed entirely by nutrient enemata, and, as her chief complaint was then found to be that of thirst, from six to ten ounces of tepid water were injected into the rectum in the intervals between the administration of the nutrient enemata. She was forbidden to have anything by the mouth, and after the water had been given by the bowel she made much less complaint of thirst. But by May 8th she began to get so discontented at being (as she called) starved that it was found desirable to change the method of giving her nourishment. She was therefore fed by an œsophageal tube from the 8th to the 15th, when, the wound being healed, she resumed the ordinary mode of taking food by the mouth.

On the day after the operation (April 29th) the dressing had to be changed on account of the quantity of the discharge. On the 35th the discharge was almost as copious and offensive, and left no doubt as to the fluid having come from the œsophagus. The dressing was therefore changed to warm boracic lotion every four hours. The discharge continued to be very copious and offensive till May 10th, when two large sloughs were removed from the wound. The skin also became much excoriated. As soon as the sloughs were removed the wound quickly began to close, and was soundly healed by the 15th. The temperature rose to 101.4° on April 29th, but after May 2nd did not reach beyond 99.2°, except on one occasion (the 7th), when it rose again to 100.2°.

The patient left the hospital perfectly well in every respect on May 16th.

Remarks by Mr. Clutton.—Although the vulcanite plate was a small one, it was difficult to extract, the hooks being firmly embedded in the œsophageal walls. There is one other feature in the case deserving of notice. An attempt was made to close the wound in the œsophagus with sutures, in the hope that the whole wound might close by first intention; but from the nature of the discharge it is clear that this entirely failed, and the sloughs which were eventually removed must have come from the walls of the œsophagus. No suppuration, however, extended from the wound, which was soundly healed in a little over a fortnight. The method adopted in feeding the patient was of material assistance, in my opinion, in promoting this desirable result; for had any particles of food escaped from the œsophagus, some suppuration beyond the limited area of the wound might naturally have been expected.

OUR DUTY TO OURSELVES.

The visiting list came to hand this morning. I am constrained to believe it will be a vast improvement upon the old method. Had I this kind of visiting list during the thirty years of my practice, *now past*, I could turn page after page, and from ledger to ledger, and find lost accounts which in the aggregate footings will amount to over twenty thousand dollars. I would advise every practitioner of medicine at the end of each month to send out statements to all his patrons, that those who do and are willing to pay may have a reminder, and those who never intend paying may be sooner learned. It is a lamentable fact that doctors are the poorest collectors of any other profession or business, and this is the major cause of so many dying insolvent. Of course I believe it to be right and just for the profession to be charitable, but it does not want to be burdened with so much *so-called* charity. It does seem to me that the medical profession has brought much of its own ill-success, financially, upon itself, by this excess of charity. Why should we not do business on business

principles, as the grocer, banker, lawyer, or any other business men? There are thousands of persons in cities and country who seem to think it not only a privilege, but a duty they owe to themselves and to society, to "beat" the doctor out of his legitimate fees. Now let me say in all candor, if there is ever to be a reformation in the *business* of medicine and surgery, it must commence in the profession; the profession must be respected in its own household.

Raise the standard of qualification to the highest standard, equal to any in Europe, and then let us be more than "pill peddlers" in the eyes of the laity.—*C. E. Beardley, M. D., in the Medical World, Ottawa, Ontario.*

MEDICO CHIURGICAL SOCIETY.

July 3rd.—In the unavoidable absence of the President, Dr. A. H. Ferguson occupied the chair, and subsequently Dr. Orton, first Vice-President. The by-laws of the society, as drawn up by the committee appointed for that purpose, were fully discussed and with certain amendments were adopted. It was resolved that the meetings of the society should take place at 9 o'clock instead of at 8. The debate on Dr. Pennefather's paper as to the therapeutic action of certain drugs introduced into *Materia Medica* was resumed. Dr. Pennefather expressed himself as much pleased with the action of *strophanthus* as a cardiac tonic; he had found it of much benefit, not that it superseded the use of digitalis, but in as much as it was not cumulative, the patient could continue its use when not under medical supervision without danger. Dr. Good had not much faith in the drug and would not feel inclined to permit a patient to continue its use unless under medical supervision. Dr. A. H. Ferguson had employed it in typhoid fever without avail. Dr. Orton had found much benefit from its administration in aortic valvular disease.

Salix Nigra, came next, and met with but feeble support. The meeting adjourned until the first Tuesday in August, at 9 o'clock, to meet then in city hall.

MISCELLANEOUS

SULPHUR IN DIPHTHERIA.—Dr. H. Valentine Knaggs, in the *Thera. Gazette*: It is my firm belief that insufflations are of the greatest service in diphtheria. Previous records alone prove this. I do not myself employ them unless the posterior nares, or the nasal cavities, have become implicated by any extension of the fungoid growth from the throat. I have found the internal use of small doses of sulphur suspended in a viscid mixture to answer every purpose, with the least possible amount of distress to the patient, and with equally uniform certainty. If administered at very frequent intervals, and slowly swallowed or sipped, such a mixture plays the same part as the insufflated powder. It clings to and acts on the leatherly growths in a like manner. The mixture can be taken in any quantity. By its absorption into the system the febrile symptoms are rapidly allayed, and the contagia present in the blood and tissues of the body effectually destroyed.

It has been my endeavor to find a suitable vehicle for the exhibition of this remedy. Water can hardly be considered to answer our requirements because of the rapid subsidence of the particles. Mucilage, with or without syrup, appeared to answer well as a menstruum, but the mixture decomposed in the course of a few hours. For preparing the sulphur mixture glycerine will certainly be found the most satisfactory body to use. This fluid is antiseptic. One part to ten of water is stated to preserve animal substances equal to spirit. A mixture made with glycerine keeps well. This addition, according to my belief, greatly enhances the efficacy of the sulphur. The formula that I now use by preference is as follows: Precipitated sulphur (pure), 1½ drms.; chocolate powder, 1 drm.; cinnamon water (concentrated 1 in 40), f. 1 drm.; glycerine to make 3 oz. Mix the powders together in a mortar, then gradually add the glycerine, with constant trituration, and lastly the cinnamon-water. If kept in tightly corked, sealed, or stoppered bottles, preparation will keep well for a long time. It of course requires shaking before use. The mixture is remarkably palatable, and is

readily taken both by children and adults. Each drachm contains about three grains. Sig.— $\frac{1}{2}$ to one teaspoonful to be taken every hour or oftener. The dose should vary according to the age of the patient. The mixture ought to be continued for at least five days, but at less frequent intervals after the severity of the symptoms have abated.

DR T. VEIEL of Constatt (*Viert fur Derm. et Syph.*) reports a remarkable instance of eczema of the face, caused by exposure to the rays of the sun, and for which, after all available remedies had been exhausted, relief was obtained by wearing a red veil. The patient was a lady aged fifty-six. Till twenty-four years old, she exhibited no unusual sensitiveness of skin; but at that time, when travelling in the month of April, severe swelling in the face came on without any apparent cause. There were red wheal-like elevations, combined with swelling of eyelids. These disappeared after four days' confinement in her room. Any exposure, however, to the sun, either in clear or cloudy weather, reinduced it. The same irritability returned next spring, to cease again in autumn or winter. This recurred every spring, but lasted each year a longer time; the infiltration of the skin was also greater. These attacks had recurred annually for fifteen years. Even in a closed apartment, the side of the face turned to the light, if near the window, showed some irritation, manifested by a papular eczema. Shortly after sunset and at night she could go out in all winds and states of the weather. Even in the keenest east wind the skin was unaffected. Of many and various external remedies none gave relief; most of them increased the irritation.

Dr. Veiel next sought to discover what property of the sun's rays induced this irritability. It was not the heat rays, for she could endure the glow from a fire or oven unaffected; nor the ordinary rays of light, since neither lamp nor candle incommoded her. The chemical rays were next considered; and it was found, in accordance with the experience of photographers, that a red veil limited their influence most completely. She

was accordingly provided with a red veil, and sent out into the open air in the height of the day. The veil proved invaluable; for she could not leave her room for two minutes in July and August in the forenoon, remained out, with its aid, repeatedly and without harm, for forty minutes at a time.

It is suggested that excursionists should substitute the blue veil, usually worn as a protection from the sun, with a red one, since blue affords the very least protection against the chemical rays of the sun.

SCARLET FEVER.—The following is an abstract of a report on Scarlet Fever in *The Science*.—The evidence we have indicates that the germs or spores float as impalpable dust in the air. It is found by experiment that wet gauze, by evaporation, is colder than surrounding air. Dust is attracted from warm air to a cold body. If that body is wet, it adheres. By canopies of mosquito-netting over the sick bed, kept wet with bi-chloride of mercury solution containing glycerine, no dust can pass through the meshes in either direction. The cooled threads attract across the narrow space of the mesh all dust that reaches there. The glycerine and water fix it, and the corrosive sublimate sterilizes it. To keep up the application two layers of netting are required; one fixed the other removable; the outer removable one can at stated times be wrung out of a fresh solution and put back again. Overlapping folds can allow the passage of food, medicine, etc., to the patient. This provides perfect isolation even in a room occupied by others. Treatment: Cleaning, segregation, and belladonna internally, ventilation, and increased vigor, by increasing the vigor of individuals, should be employed. By personal hygiene, continued life in open air, the use of belladonna internally to those exposed, and rubbing the diseased body with disinfectants, much may be done to prevent the spread of the disease. I combine in an oil embrocation (thymol, anise-oil) carbolic and salicylic acids, and camphor.

DEATH IN "BLIZZARDS" DUE TO ASPHYXIA.—Markham writes to the *Journal*

of the American Medical Association of February 18, 1888, stating that there is an amount of evidence and a combination of circumstances sufficient to show that the greater number of the several hundreds who lost their lives in the recent great "blizzard" of the Northwest perished from asphyxia and not by freezing. Many of the bodies, when found, were in the position of grasping or clutching at their own necks or throats. Indoor witnesses describe the atmosphere as having an appearance of density and darkness, similar to that stated by divers as existing when submerged with their armour in deep water. Many that escaped describe their peril as being from loss of breath or suffocation. The terrific hurricane force of the wind, loaded with falling snow—the latter being by a fall of temperature, whose degree and suddenness have no recorded parallel, converted into dry crystals, and thence by the gale ground to a fine, dry ice-dust—these conditions produced a state of the atmosphere as unfit for respiration and aeration of the blood as is water for warm blooded animal life.—*Medical News.*

ARSENIC IN DIPHTHERIA.—Dr. F. J. Maloney in the *Brit. Med. Jour.* states that he adopts the following plan in the treatment: First, remove the diphtheritic membrane from the fauces and tonsils, and then apply to the denuded surface a piece of sponge or cotton wool saturated with liquor arsenicalis, B. P. One of the easiest ways of tearing away the false membrane is to apply to the centre of the patch a brush with rather stiff bristles. By turning the brush round once or twice while applied to the patch, the membrane will become entangled in the bristles, and may be readily detached. He finds this a very safe and effectual method. In cases where there is great difficulty in opening the mouth wide enough, it causes much less distress to the patient than pulling off the membrane with forceps, besides being infinitely safer. The liquor arsenicalis may be applied on a piece of cotton-wool or lint, inserted into the split end of a pen holder, and should be used every three or four hours.

DIGITAL DILATATION OF THE PYLORUS.

—Loreta's operation for stricture of the pylorus has been, *New York Medical Record*, successfully performed by Dr. William T. Bull at St. Luke's Hospital, New York. The patient, a man, aged 37, had suffered for twenty months from symptoms which enabled Dr. F. P. Kinnicutt, after careful chemical examination of the fluids in the stomach, to make the diagnosis of pyloric stenosis from cicatricial contraction of an ulcer. At the operation the pylorus admitted only a bougie of the diameter of three-sixteenths of an inch. Through a wound two inches long the pylorus was gradually stretched with bougies and the fingers till it was over two inches in diameter. No bad symptoms followed the operation and at the date of the report (June 19th) the patient was considered out of danger, and been able to take considerable quantities of liquid diet by the mouth without subsequent pain or vomiting.

PEPPERMINT WATER IN PRURITUS PUDENDI.—Routh, *Brit. Med. Jour.*, finds no remedy so efficient as peppermint water, not excepting cocaine, in various forms of pruritus pudendi, including those due to pediculi, ascarides, an irritable urethral caruncle, an endocervical polypus, early cervical cancer, obstruction of Bartholin's ducts, and leucorrhœa from various causes. The greatest and most permanent relief is afforded in the neutral form, especially in the reflex pruritus which often accompanies pregnancy, and which may take the place of reflex nausea or vomiting. The B. P. preparation of aqua menthæ piperitæ answers well, but it is incapable of concentration unless rendered alkaline, and it is scarcely portable. A solution of borax, which is itself soothing and antiseptic, is perhaps the best menstruum. Patients may make their own lotion by putting a teaspoonful of borax into a pint bottle of hot water and adding to it m. v of ol. menth. pip., and shaking well; the parts affected to be freely bathed with a soft sponge.

SUBPERITONEAL PELVIC ABSCESSES AND LAPAROTOMY.—by M. Terrillon (Paris). Abscesses of the pelvis having their origin in the genital organs of the female form two groups, from the point of view of

surgical interference. In the one are ranged those which, arising in the neighborhood of the uterus, spread under the peritoneum raising it up and reaching beneath the abdominal wall, generally above the pubes and at the side of the iliac fossa. These abscesses can be opened without danger and without touching the peritoneum. Sometimes, even when they do not come in contact with the wall of the abdomen, one can, as Hegar has shown, detach the peritoneum by a surgical operation, and attach them without opening that membrane. A few point at the side of the vagina and can be opened at that spot. In the other variety—more rare and more serious—the abscess is developed at the side of the uterus, and projects into the cavity of the pelvis. It is partly free in this cavity, like an ovarian tumour, but joined by one side to the posterior aspect of the broad ligament and to the border of the uterus. It ordinarily opens in the rectum or sometimes in the bladder. It empties itself badly and becomes chronic and fistulous. Sometimes it ruptures into the peritoneum. In these cases we can reach the abscess, neither by the vagina—for that is dangerous—nor the rectum, for fear of provoking serious troubles. Lawson Tait has proposed to operate upon them by laparotomy. After opening the peritoneum the purulent sac is united to the abdominal wall, opened and cleaned out. It is then freely drained, washed out every day, and is cured in a few weeks. M. Terrillon has recently performed the operation in three cases, two of them with success, and the third would have been certainly successful, if he had been able to interfere before rupture of the abscess had taken place into the peritoneal cavity. —*Bull. Med.—Med. An.*

STRANGULATED HERNIA. — Gerster, of New York, says the incision in herniotomy for strangulation should extend well above the inguinal or femoral ring, and should freely expose the place where the hernia escapes from the abdominal wall. By doing this the surgeon will be enabled to divide the constricting band under the guidance of the eye, and without the necessity of inserting the probe-pointed knife into the inguinal or femoral canal, a circumstance that may, even in

the hands of a cautious and expert surgeon, lead to cutting or laceration of the intestine, especially if it be very brittle, or necrosed, or adherent. It must be admitted that this often practically converts herniotomy into laprotomy. — *Medical Times.*

In cases of pneumonia, etherization, etc., where there is great embarrassment of breathing from accumulation of secretion in the bronchial tubes, great benefit may be derived by inverting the patient, and having him cough while in this position. It is easily accomplished, according to the *Polyclinic*, by a strong assistant standing on the patient's bed, seizing the sick man's ankles, turning him with his face downward, and then lifting his feet four or five feet above the mattress. If the patient, with his face over the edge of the bed, and his legs thus held aloft, will cough vigorously three or four times, he would get rid of much expectoration that exhaustive efforts at coughing failed to dislodge when not aided by gravity. Life has been saved by repeated performances of this manœuvre, in pneumonia accompanied with great cyanosis due to inundation of the bronchial tubes with mucous secretion.

ANTIPIRYN AND SPIRITS OF NITROUS ETHER.—*Eccles' Pharmaceutical Record* again calls the attention of druggists and physicians to the incompatibility existing between antipyrin and spirit of nitrous ether, and the great danger to life resulting from their combination in a prescription. Because of this dangerous incompatibility not being generally known, and their having similar febrifuge properties, they are occasionally prescribed together. At least one person—a child—is known to have lost its life through this combination. Antipyrin possesses basic properties and forms salts with many acids, among which are nitrous and acetic, both of which acids either exist in the spirit of nitrous ether of the shops, or are produced in the neutral solution through the action of the water used as a vehicle in the recipe. The union of antipyrin and nitrous acid forms a crystalline, greenish-colored substance, called iso-nitroso antipyrin, a very poisonous compound.

PAGE

MISSING

PAGE

MISSING

PAGE

MISSING

PAGE

MISSING